

# **AGENCY DYSPHAGIA COMPETENCY-BASED TRAINING CHECKLIST INSTRUCTIONS**

**The Trainer is to have completed Outreach Services of Indiana's Comprehensive Dysphagia and Nutritional Management Program.**

**All staff needs to be provided with competency based training in the following four categories.**

- **DYSPHAGIA**
  - **MEALTIME**
  - **MEDICATION ADMINISTRATION AND ORAL CARE**
  - **POSITIONING**
1. Insert client's name, date of plan being trained (dysphagia, dining, positioning) and requested information
  2. Insert staff member's name, title, shift, and individual providing the training.
  3. In the **(T)** column, place the date the individual was trained and determined to be competent in that area.
  4. In the **(C)** column, place a check mark indicating the staff member is competent in providing the area of service
  5. In the **(N)** column, a check mark is placed if the staff member is not correct or required prompting.
  6. Staff member trained and trainer should sign at the bottom of the form.
  7. Keep training form on-site.